U.S. Polore and Tradition Office, U.S. OZPARTICENT OF COLOGERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2000									AppContinue or Doctory Normbor		
. APPLICATION AS FILED - (Celumn 1)				- PART I (Cehuma 7)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR	NUN	MUMBER FILED		NUMBER EXTRA		(S)	FEE (B)	7	RATE (S)	FEE (S)	
BASIC FEE (3) CFR 1 18(0) (b), w (c))		NA	NIA		N/A	-	150.00	7	N/A	300.00	
SEARCH FEE		N/A		NÆ			8250	7	NIA	8500	
EXAMINATION FEE		NA		tua :			8100	1	NLA	8200	
TOTAL CLAIMS O7 OFR 1 1800	21	minus 20 =		-	X8 25	0		<b>□</b> ∞a	X850 .	1	
ENDEPENDENT CLA		(cumma)			X100	۰		1	жаео .		
APPLICATION SIZE FEE (37 CFR 1 16(0))	If the op charte of is \$250 oddition	If the openineation and drawings of the desired paper, the application sit is \$250 (\$125 for small entity) for a additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR								·	
MULTIPLE DEPENDENT CLARA PRESENT OF					+180	•			4360°		
* If the difference in column 1 is less than zero, enter "O" in column 2.					TOTA		· · · · · · · · · · · · · · · · · · ·	1	TOTAL	A Service	
APPL	· Sm/	ILL E	YTITN	OR		R THAN ENTITY					
¥ 9/12/64	CLAIMS REMAINING AFTER AMENDMENT		MIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (	9	ADDI- TIONAL FEE (8)		RATE (5)	ADDI- TIONAL FEE (8)	
Total BY Total BY Total BY Total BY Total BY Total BY Application.Size	2/	Minus	"21	• ~	XS 25	-		OR	X850 .	1	
Independent (27 GFR 1,18(A1)	· 6	Minus	· 6	°	X100	$\overline{\cdot}$		OR	x200 .		
Application.Size		$\Box$									
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					+180=	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$		OR	<b>♦360</b> °		
3.28.06	TOTAL ADD'L FE	E		OR	TOTAL ADD'L PEE						
	(CONIMN 1) CLAIMS		(Column 2) HIGHEST	(Column 3)			·	1			
m Total	remaining After Amendment		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (8	)	ADDI- TICNAL FEE (8)		RATE (\$)	ADOI- TIONAL FEE (8)	
∑ by cus ride	26	Wims	- 21	.5	XS 25			OR	X\$50 .	250	
Independent (pr GR L16ph)  Application Size	9	Minus	·· 6	°3	X100			OR ·	X200 .	600	
Application Size Fee (37 CFR 1.16(a))						二				·	
FIRST PRESENTAT	♦180±			OR	+360a						
					TOTAL ADD'L FEI			OR	TOTAL ADD'L FEE	850	
• If the entry in column 1 is face then the entry in column 2, write "O' in column 3.  " If the "Highest Alumbur Proviously Paid For" IN THUS SPACE is less than 20, enter "20".  "If the "Highest Alumbur Proviously Paid For" IN THUS SPACE is less than 3, enter "3".  The "Highest Alumbur Sprayingth Paid For" IN THUS SPACE is less than 3, enter "3".											

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatify is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, neturing gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the hydricual case. Any comments in the amount of time you require to complete this form and/or suggestions for excluding this burden, should be sent to the Chief Information Officer, U.S. Petient and Treatment Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS LODGESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.